

**Certificate of Need Technical Advisory Committee Meeting
February 16, 2006
Meeting Minutes**

**TECHNICAL ADVISORY COMMITTEE MEMBERS
PRESENT**

Jody Corona
Donna Goodwin
Bill Hagens
Ele Hamburger
Jean Pfiefer
Palmer Pollock
Gil Rodriguez, MD
Jon Smiley

INTERESTED PUBLIC PARTIES

Gary Bennett
Bart Eggen
Cynthia Forland
Tom Granger
Lisa Jeremiah
Rob Menaul
Scott Plack
David Weber

Telephone - None

**TECHNICAL ADVISORY COMMITTEE MEMBERS
ABSENT**

Debra Hatfield
Michael Kelly, MD
Sim Rubenstein, MD
Sue Sharpe

STAFF PRESENT

Renee Turner-Bailey, Consultant
Nancy L. Fisher, MD, MPH
Gary Fugere
Linda Glaeser, RN
Tom Piper, Consultant
Beverly Skinner

Topic	Discussion/Decision	Follow-up
Welcome Review Agenda and Minutes	Introductions were made and the minutes were approved as written.	

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Resignation of TAC Members Scott Scherer and Lloyd Smith	Scott Scherer, the Employer Member representing the Financial Representation, and Lloyd Smith, representing Public Health have resigned. The group was reminded to think of the areas that are not represented when making decisions.	
Legislative Update	A highlight was given of the active bills relating to CON: HB 2574 Charity Care, HB 2669 Licensure of Specialty Hospitals, and SB 6632 PCI John Hopkins Study.	The Technical Advisory Committee will be kept apprised of legislation that may impact CON.
Review of Mission	<p>A brief review of the intent of HB 1688 was given. The Technical Advisory Committee (TAC) was appointed by the Task Force (TF) to assist the TF in the review, and development of the recommendations to be considered in preparation of the final report which is due November 1, 2006. HB 1688 is specific in the composition of the TF and appointment of the TAC, as well as the requested areas for recommendations to improve the CON process in Washington State.</p> <p>This meeting will focus on the review of general criteria.</p> <p>The TF appreciated the preamble and the two additional recommendations: The need for a Planning Process Committee; and an entity to be responsible for the planning, and a data system to support the planning.</p> <p>The TF is working on an overarching vision statement.</p> <p>The TF's Value Statement is not finalized at this time.</p>	The TF requests that the planning process recommendation be incorporated into the TAC purpose statement.
Report of Task Force Deliberations - Jon Smiley	Jon and Palmer reported that competition will continue to drive the discussion. The TF has requested the TAC look at the	

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and Palmer Pollock	<p>processes and operations of CON.</p> <p>A definition of “quality” is needed and a clarification of terms among the other states.</p> <p>The value statements are very broad and should have an interpretive statement for clarity. It was suggested that patient safety be addressed in the values statement.</p>	Staff will work on a state comparison chart, of who has a CON process and if not who has lead responsibility for that area.
Request from Task Force related to CON Purpose Statement	<p>The TAC began the task of incorporating the additional language into the TAC preamble as recommended by the TF.</p> <p>There was discussion around the definition of “reasonable” access.</p>	
ESSHB 1688 Direction related to the scope of CON review	Tom Piper reviewed Section 3.2.c and 3.2.a of ESSHB 1688. He introduced Renee Turner-Bailey, explaining that Renee’s presentation would be centered on the big picture of what CON services ought to be reviewed, and what criteria to use. Further, Tom explained that Renee would reference Michigan’s quality of care and specific CON standards that have been successful.	
Employers View of National Quality Efforts	<p>Renee Turner-Bailey shared the employer’s perspective on the quality efforts taking place nationally, what is being done with this information, and the level of accountability.</p> <p>Renee provided information on Leapfrog and the National Quality Forum (NQF). Measurements created at the national level can be used at local levels. It is important to have consistent standards and measurements to better use the information collected.</p>	

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	<p>One way to incorporate NQF into the CON process is to require a hospital to have met the NQF safe practices when it is granted a CON.</p> <p>NQF assists in the definition of quality and is a first step in working with hospitals. Then, at a later time, expand the scope to include ambulatory surgery centers, nursing homes, home health, etc.</p> <p>When data is not available it is difficult to manage the resulting health status. CON becomes a motivator to establish those data systems.</p>	
Employers Perception of State Regulation	<p>Renee shared that the employers in Michigan support the CON process. Employers believe that the purchase and delivery of health care does not work the same as with other areas of supply and demand.</p> <p>Michigan has access issues in rural areas and for the medically indigent. Access in Michigan has a geographic definition. Each time a standard is developed, the discussion of urban vs. rural is taken into consideration.</p> <p>In Michigan an 11 member Commission sets the review standards, but they do not review the actual application. The Commission meets quarterly, or more often if necessary. With an agenda that goes out one year in advance, it is always very clear what issues the Commission will be taking into consideration. The Commission's recommendations or proposed standards are subject to veto by the Governor or the Legislature.</p>	

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	<p>An Economic Alliance was established in Michigan to allow purchasers and consumers a venue to bring issues to the government. The Economic Alliance supports CON and a planning area for CON. The Economic Alliance meets regularly to discuss the important issues related to health.</p>	
<p>Discussion: Q & A related to Michigan experience</p>	<p>How does Michigan decided on covered services?</p> <p>The list is purposely limited and a conscious decision is made to focus on services with the most impact on cost, quality and access. It is a requirement that every five years the list is evaluated and recommendations made to the Legislature. At the request of the Commission, the review of standards now takes place every two years to keep up with the rapidly changing and shifting of population and technology.</p> <p>Michigan State funds CON, with 75% of the funding coming from the CON application fees.</p> <p>The Michigan Legislature made a commitment to the CON process and supports the process by adding FTEs to enable CON to work in an efficient way. There is a great deal of public input, and a strong, long standing commitment and visible presence by business.</p> <p>An important piece in Michigan's process is the separation of duties between those setting the standards and those making the decisions on applications.</p> <p>There are very few for-profit hospitals in Michigan and not a</p>	<p>Renee will send Linda the fee schedule and the number of applications needed to fund at 75%.</p>

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	proliferation of specialty hospitals.	
Discussion: Selection of Reviewable Services	The TAC discussed services to be covered, and agreed to have e-mail conversations for needed additional information on a second list of covered services.	<p>Definitions for the following would be useful:</p> <ol style="list-style-type: none"> 1. Outcomes 2. Health Status 3. Quality <p>Parking Lot Items:</p> <ol style="list-style-type: none"> 1. Replacement hospital 2. Psych Hosp 3. Neonatal 4. Get more info on Burn Centers 5. Need more info on hospice care centers 6. Gamma knives/Cyber knives, need more information, get data 7. CT scanners 8. PET CT, review for non hospital setting 9. Accelerators 10. Robotics

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		It was requested that someone come from DSHS to talk about Nursing Homes and Assisted Living.
Public Comment	None	
Meeting Wrap-up	<p>At the next meeting on March 16, 2006, the TAC will:</p> <ul style="list-style-type: none"> • Complete the recommended list of covered services. • Discuss the issue of service and facility specific policies to guide CON decisions. <p>There was a concern about the lack of TAC attendance.</p> <p>Future TAC meetings will begin at 9:00 am.</p> <p>The March 1, 2006, TF conference call has been cancelled.</p>	
Adjourn	5:00 pm	